

# **EXHIBIT 1**

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**Attorneys for Plaintiffs**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA**

AFROUZ NIKMANESH, ELVIS  
ATENCIO, ANNA NGUYEN, AND  
EFFIE SPENTZOS, on behalf of  
themselves, the general public, and  
all others similarly situated,

Plaintiffs,

vs.

WAL-MART STORES, INC., a  
Delaware Corporation and WAL-  
MART ASSOCIATES, INC., a  
Delaware Corporation

Defendants

Civil Action No. 8:15-cv-00202 AG (JCGx)  
CLASS AND REPRESENTATIVE ACTION  
CONSENT TO SUE PURSUANT TO 29  
U.S.C., SECTION 216(B)

I, Elvis Atencio, hereby consent to the filing of the above-captioned action and will act as a named Plaintiff in this case to assert claims for violation of the Fair Labor Standards Act, 29 U.S.C., Section 201, *et seq.*, on my own behalf and on behalf of all persons similarly situated. I hereby designate the law firms of Eric M. Epstein, APC, Thierman Buck LLP, Parcels Law Firm, and any other attorneys with whom they may associate, to represent me for all purposes in this action.

Dated: April 1, 2015

  
Elvis Atencio

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U.S.C., SECTION 216(B)

I, Effie Spentzos, hereby consent to the filing of the above-captioned action and will act as a named Plaintiff in this case to assert claims for violation of the Fair Labor Standards Act, 29 U.S.C., Section 201, *et seq.*, on my own behalf and on behalf of all persons similarly situated. I hereby designate the law firms of Eric M. Epstein, APC, Thierman Buck LLP, Parcels Law Firm, and any other attorneys with whom they may associate, to represent me for all purposes in this action.

Dated: April 1, 2015

  
Effie Spentzos

CONSENT TO SUE PURSUANT TO 29 U.S.C., SECTION 216(B)

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Civil Action No. 8:15-cv-00202 AG (JCGx)  
CLASS AND REPRESENTATIVE ACTION  
CONSENT TO SUE PURSUANT TO 29  
U.S.C., SECTION 216(B)

I, Afrouz Nikmanesh, hereby consent to the filing of the above-captioned action and will act as a named Plaintiff in this case to assert claims for violation of the Fair Labor Standards Act, 29 U.S.C., Section 201, *et seq.*, on my own behalf and on behalf of all persons similarly situated. I hereby designate the law firms of Eric M. Epstein, APC, Thierman Buck LLP, Parcels Law Firm, and any other attorneys with whom they may associate, to represent me for all purposes in this action.

Dated: April 3, 2015

  
Afrouz Nikmanesh

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**Attorneys for Plaintiffs**

**IN THE UNITED STATES DISTRICT COURT  
 FOR THE CENTRAL DISTRICT OF CALIFORNIA**

AFROUZ NIKMANESH, ELVIS  
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Defendants

Civil Action No. 8:15-cv-00202 AG (JCGx)  
 CLASS AND REPRESENTATIVE ACTION  
 CONSENT TO SUE PURSUANT TO 29  
 U.S.C., SECTION 216(B)

I, Anna Nguyen, hereby consent to the filing of the above-captioned action and will act as a named Plaintiff in this case to assert claims for violation of the Fair Labor Standards Act, 29 U.S.C., Section 201, *et seq.*, on my own behalf and on behalf of all persons similarly situated. I hereby designate the law firms of Eric M. Epstein, APC, Thierman Buck LLP, Parcels Law Firm, and any other attorneys with whom they may associate, to represent me for all purposes in this action.

Dated: April 3, 2015

  
 Anna Nguyen

## **EXHIBIT 2**

RE:

Page 1 of 1

RE:

MaryAnn Dabney

Sent: Wednesday, December 03, 2014 4:49 PM

To: [REDACTED]

Thank you [REDACTED]  
Beginning in Feb 2015, Wal-Mart will only hire pharmacists who are IMZ certified.  
Our current company goal is to have two immunizing pharmacists per store.  
So currently you are not required to do this, but of course we are encouraging it as it helps us care for our patients' needs.  
Please let me know if you have any additional questions or if you are interested in signing up for any of the classes. Both  
APHA and CPH are required in order to immunize.  
Thanks for reaching out!

MaryAnn Dabney, CFI  
Market Health & Wellness Director Market 70  
Orange County, Southern California

## **EXHIBIT 4**



# A NATIONAL CERTIFICATE PROGRAM FOR PHARMACISTS

Twelfth Edition

PHARMACY-BASED IMMUNIZATION DELIVERY was developed by the American Pharmacists Association.

PHARMACY-BASED IMMUNIZATION DELIVERY was developed in part by a cooperative agreement in association with the National Center for Immunization and Respiratory Diseases, formerly known as the National Immunization Program, of the Centers for Disease Control and Prevention (CDC). The CDC has reviewed the training materials and acknowledges that they address CDC's national vaccine standards and will appropriately prepare pharmacists to assist public health officials with vaccine delivery.

## Foreword

Are you doing all you can to keep your patients healthy? Are you involved in the battle to stop vaccine-preventable infections? Have you recommended an immunization to anyone lately?

Too many of America's children are incompletely protected from serious diseases because of failure to receive immunizations on time or parental concerns about vaccine safety. Furthermore, approximately 50,000 American adults die each year from vaccine-preventable diseases.<sup>1</sup>

Pharmacists can make significant contributions to improving immunization rates in their communities. Pharmacists are one of the most accessible health care professionals and can easily identify specific people who need vaccines on the basis of age and medical histories.

PHARMACY-BASED IMMUNIZATION DELIVERY: A NATIONAL CERTIFICATE PROGRAM FOR PHARMACISTS was developed by pharmacists for pharmacists, based on national educational standards for immunization training from the Centers for Disease Control and Prevention. The purpose of this program is to educate pharmacists about the professional opportunities of vaccine advocacy and administration. These opportunities span many different facets of pharmacy practice, focusing on the preventive aspects of patient care.

This practice-based curriculum represents a fusion of science and clinical pharmacy. In developing this immunization training program, pharmacists across the country have contributed their experience to help colleagues protect their communities from preventable diseases. With over 150,000 pharmacists and future pharmacists now having completed certificate training in immunizations, momentum is rapidly moving for pharmacy-based immunizations to become the standard of practice throughout the United States. The day will soon come when pharmacist-administered immunizations will be a common expectation of patients.

<sup>1</sup> National Foundation for Infectious Diseases. Facts about adult immunization. Available at: <http://www.nfid.org/pdf/factsheets/adultfact.pdf>. Accessed March 26, 2011.



# A NATIONAL CERTIFICATE PROGRAM FOR PHARMACISTS

## Module 1 Pharmacists as Vaccine Advocates



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**APhA**

## Module 1: PHARMACISTS AS VACCINE ADVOCATES



## Learning Objectives

At the completion of this application-based activity, the participant will be able to:

- 1.1 Describe the current status of vaccine-preventable diseases in the United States and the effects of immunizations on morbidity and mortality rates.
- 1.2 Identify potential opportunities for pharmacists to become involved in immunization delivery and explain the advantages of pharmacy-based immunization programs.
- 1.3 List key resources available for immunization providers and educators.
- 1.4 Compare available resources of immunization information and identify resources of particular value to the pharmacist's own practice site.

## Introduction

*Immunizations are considered one of the greatest public health achievements in the United States during the last century.<sup>1</sup> Immunization programs have nearly eliminated many of the vaccine-preventable diseases that were once common in the United States.<sup>2</sup>* In fact, routine vaccinations have prevented so much disease and averted so many deaths that many people may not even be aware of the devastation that can be caused by these diseases. Despite the current successes, it is only through ongoing immunization efforts that vaccine-preventable diseases will remain under control. If we become complacent in our vaccination efforts, these diseases may reappear and cause significant morbidity and mortality.

Almost two decades ago, pharmacists began their modern-day involvement with immunization services in an effort to provide high-quality pharmaceutical care. Pharmaceutical care is the re-

sponsible provision of drug therapy to achieve definite outcomes that improve a patient's quality of life. In the classic model, four outcomes are cited<sup>3</sup>:

- Cure a disease.
- Eliminate or reduce symptoms.
- Arrest or slow a disease process.
- Prevent a disease.

Through advocacy, patient education, and vaccine administration, pharmacists can help ward off vaccine-preventable diseases.

As pharmacists expand their practices to integrate medication therapy management (MTM) services, they should consider how immunization services fit into the MTM practice model. The five core elements of providing MTM services include<sup>4</sup>:

- Medication therapy review
- Personal medication record
- Medication-related action plan
- Intervention and/or referral
- Documentation and follow-up

MTM services involve the assessment and evaluation of the patient's complete medication therapy regimen. Because vaccines are medications, a patient's immunization history should be considered when the pharmacist completes a medication therapy review. If a pharmacist identifies a need for vaccination, an action plan can be developed, which may include advocating for the vaccination and recommending a referral or administering the vaccine as allowed by state law. Administered vaccines should be documented as part of the patient's medication record. Immunization services are a logical fit into the MTM practice model.

Pharmacies are uniquely positioned to be centers for the dissemination of vaccine information.<sup>5-17</sup> Pharmacists in all practice settings can serve as vaccine advocates, providing valuable information to patients about the importance of immunizations and facilitating immunization delivery. Many pharmacists across the country have an opportunity to become directly involved in administering vaccines to their patients. Pharmacy-based immuni-

**Table 1.1. Vaccine Accomplishments—United States**

Disease	Peak No. of Cases	Year of Peak	Total No. of Cases by Year					% Decrease From Peak
			2006	2007	2008	2009	2010	
Diphtheria	206,939	1921	1	0	0	0	0	100%
Measles	894,134	1941	55	43	140	71	61	>99%
Mumps	152,209	1968	6,584	800	454	1,991	2,528	>95%
Pertussis	265,269	1934	15,632	10,454	10,007	16,858	21,291	>92%
Paralytic poliomyelitis <sup>a</sup>	21,269	1952	0	0	0	1	0	100%
Rubella	2.5 million	1963-1964	11	12	16	3	6	>99%
CRS	~30,000	1963-1964	1	0	1	2	0	>100%
Invasive <i>Haemophilus influenzae</i> type b (Hib)	~20,000	1980s	29	22	30	35	16	>99%
Tetanus	1,560	1923	41	28	19	18	8	>99%
Smallpox	48,164	1900-1904	0	0	0	0	0	100%

<sup>a</sup> Caused by wild poliovirus.

CRS = Congenital rubella syndrome

Source: References 18-20.

zation programs provide pharmacists with an opportunity to help address this ongoing public health need.

## Vaccine Successes

In the early to mid 1900s, people lived in fear of being stricken with poliomyelitis, diphtheria, smallpox, tetanus, and other devastating diseases. In the 1950s, public swimming pools were closed in the heat of the summer in a futile attempt to stop polio outbreaks from spreading. Today, with very safe and effective vaccines, the rates of disease and death from polio, tetanus, diphtheria, measles, mumps, rubella, *Haemophilus influenzae* type b (Hib), and other diseases are a small fraction of their former levels. TABLE 1.1 highlights the accomplishments of vaccination efforts in the United States, comparing the recent number of cases to the peak number of cases in history.<sup>18-20</sup> In addition to decreasing the number of cases of these diseases, the number of hospitalizations and deaths associated with them also have shown significant decreases. However, these accomplishments will persist only if vital immunization programs continue to be conducted. If vaccinations cease, these diseases will undoubtedly return.

For all the work that has been done in the United States, many of these diseases are still endemic in other parts of the world. Only once has a vaccine eradicated a microbe from the planet, allowing vaccination to be discontinued—that virus is smallpox.<sup>21-23</sup> Smallpox was a devastating disease. About 30% of those who contracted smallpox died and those who survived were often scarred or blinded by the variola virus. In 1796, Edward Jenner developed the process of vaccination to prevent smallpox disease, and the smallpox vaccine gradually reduced the viral menace around the globe. Even so, 10 million people contracted smallpox worldwide in 1966, which resulted in 2 million deaths. A concerted global vaccination effort wiped out the virus completely, and the World Health Organization declared global eradication of smallpox in 1980. In addition to avoiding untold human misery for over 30 years, health care expenditures of \$1 billion each year have been avoided because there is no longer any need to routinely vaccinate people against smallpox.<sup>24</sup> Unfortunately, threats of terrorist organizations utilizing smallpox virus as a bioterrorism agent have renewed concerns about the potential for an emergent outbreak of smallpox. To facilitate preparedness for such an event, the Centers for Disease Control and Prevention (CDC) published supplemental recommendations from its Advisory Committee on Immunization Practices (ACIP) that outline a primary strategy on how to respond to a suspected or confirmed case of smallpox to prevent a potential outbreak.<sup>25</sup>

## Vaccine Shortfalls

Infectious diseases such as polio, rubella, tetanus, and Hib are currently kept in check, in part, because pharmacists and other health care professionals provide vaccinations to protect their patients from these diseases. Despite the successes of vaccination efforts across the United States, cases of vaccine-preventable diseases still exist. Nearly 50,000 U.S. adults die each year from vaccine-preventable diseases or complications from the diseases.<sup>26</sup> To

put this number into perspective, the incidence would be equivalent to more than 100 jumbo jets crashing each year. Imagine the outcry if two big jets crashed each week.

Together, influenza and pneumonia are the eighth leading cause of death in the United States.<sup>27</sup> The CDC recently released a report that included estimates of deaths associated with seasonal influenza in the United States from 1976 to 2007; during these three decades, the annual influenza-related deaths from respiratory and circulatory causes ranged from an estimated low of 3,349 to a high of 48,614.<sup>28</sup> The rates of influenza-related hospitalizations and deaths vary substantially from one influenza season to the next, depending on the characteristics of the circulating influenza virus strains. Secondary complications of influenza that a patient may experience, such as pneumonia, are noteworthy. Invasive pneumococcal disease causes approximately 4,800 deaths each year and is responsible for nearly 175,000 hospitalizations annually.<sup>29</sup> Despite these statistics, vaccination rates for influenza and pneumococcal disease among U.S. adults have fallen well below the Healthy People 2020 goal of 90%.<sup>30,31</sup>

Hepatitis B infection is still a major cause of disease in the United States. The hepatitis B virus can cause cirrhosis, end-stage liver disease, and liver cancer. A major concern with hepatitis B is that patients may be unaware they are infected until symptoms of advanced liver disease appear. In 1991, ACIP developed a comprehensive strategy to eliminate hepatitis B virus transmission in this country.<sup>32,33</sup> One component of this strategy was universal vaccination for all children against hepatitis B and implementation of this recommendation has significantly decreased the rate of hepatitis B in children. However, according to the most recent estimates from the CDC, 43,000 new cases of hepatitis B occurred in the United States in 2007.<sup>34</sup> In addition to the new cases of hepatitis B, an estimated 1.4 million people in the United States are chronically infected with hepatitis B. A recent report from the Institute of Medicine (IOM) concluded that hepatitis B is not widely recognized as a serious public health problem despite the prevalence of infection and resulting liver disease.<sup>35</sup> The IOM recommends that health care providers be educated about hepatitis B and recognizes that there must be better integration of hepatitis services, including the availability of hepatitis B vaccination, available to patients in the community.

Human papillomavirus (HPV) is the most common sexually transmitted infection.<sup>36</sup> Approximately 20 million people in the United States are currently infected with HPV and another 6 million people will become newly infected with HPV each year. HPV is a virus that causes several types of cancer (e.g., cervical, vulvar, vaginal) and genital warts. The American Cancer Society estimates that there will be more than 12,000 new cases of cervical cancer alone and more than 4,200 deaths will be attributed to cervical cancer in 2010.<sup>37</sup> Despite the availability of an effective vaccine against HPV, only 26.7% of eligible teenaged girls have received the recommended three doses of HPV vaccine.<sup>38</sup>

Approximately one in three people will develop herpes zoster during his or her lifetime.<sup>39</sup> Herpes zoster can cause significant complications, such as postherpetic neuralgia, which can cause debilitating pain for patients infected with zoster. Although a vaccine is available to prevent herpes zoster, only 10% of eligible

**Module 1: PHARMACISTS AS VACCINE ADVOCATES**

patients have reported receiving the vaccine.<sup>30</sup> Several factors have contributed to the slow uptake of this vaccine, ranging from unique storage requirements, cost concerns for patients, reimbursement issues for providers, and supply limitations.

Each year, fewer than 50 cases of tetanus occur in the United States.<sup>26</sup> While this number may not raise much concern, it is important to realize that 10% of these cases usually result in death. Nearly all reported cases of tetanus occur in patients who are not up to date with their vaccinations. Booster doses of tetanus and diphtheria toxoids (Td) are recommended every 10 years to protect people from tetanus and diphtheria.<sup>40</sup>

More than 21,000 cases of pertussis were reported in 2010.<sup>20</sup> A common misconception is that pertussis occurs only in children. However, approximately one-third of the cases of pertussis occur in adults.<sup>26</sup> Adults who were immunized against pertussis as children have since lost their immunity to the illness and can serve as transmission vectors for the illness. A booster dose of Tdap (tetanus and diphtheria toxoids and acellular pertussis) is currently recommended to replace one booster dose of Td for adolescents and adults to improve protection against pertussis and decrease the risk of transmission of the disease.<sup>41</sup> Despite the availability of Tdap vaccine since 2005, only 50.8% of adults who reported receiving a tetanus vaccine since 2005 reported receiving Tdap.<sup>30</sup>

A notable example of a substantial increase in pertussis cases is shown in reports to the California Department of Public Health during 2010.<sup>42</sup> A total of 8,383 cases were reported, representing the highest number of pertussis cases in the state since 1947. Incidence was highest among infants younger than 6 months of age, who were too young to be fully immunized. Ten deaths were reported; all were infants younger than 2 months of age at the onset of the disease and none had received any pertussis-containing vaccines. Despite the availability of effective pertussis vaccines, pertussis continues to be poorly controlled in the United States.

Recent outbreaks of mumps and measles raise public health concerns because these diseases were once controlled by vaccination efforts. A nationwide outbreak of mumps occurred in 2006, with 6,584 cases reported to the CDC.<sup>43</sup> This total number of cases was significantly higher than the 314 cases reported in 2005. Another outbreak of mumps occurred in 2009 in the northeastern United States.<sup>44</sup> The outbreak is reported to have started in a summer camp in New York state from a boy who had visited the United Kingdom, where a mumps outbreak was ongoing. The disease spread to camp attendees and staff members. This outbreak makes evident that contagious diseases can be imported from other countries and quickly spread throughout communities in the United States. An outbreak of measles occurred in 2008, with the CDC receiving 132 reports of measles, up from 43 reported cases in 2007.<sup>45</sup> Of the 132 cases, 89% were imported from other countries.

The recent outbreaks of mumps, measles, and pertussis demonstrate that vulnerability to these vaccine-preventable diseases still exists. Remaining committed to vaccination efforts nationwide is crucial to continued control of vaccine-preventable diseases and prevention of outbreaks that can cause significant morbidity and mortality. Many of the reported cases in these outbreaks occurred in people who were unvaccinated or inadequately vaccinated. Individuals receiving vaccinations are not only protecting

themselves but they also are helping their communities through "herd immunity," whereby individuals receiving immunizations protect others in the community who do not or cannot receive a vaccination. Only an ongoing commitment to vaccination efforts will keep American children and adults safe.

Americans can be proud of their immunization rates among children. Recent data indicate that immunization rates were 90% or greater for children aged 19 months to 35 months for most of the routinely recommended childhood vaccinations.<sup>46</sup> However, some young children suffer from major interruptions in their immune protection, leaving them vulnerable to serious diseases. While the majority of interruptions in immune protection occur because parents fail to have their children vaccinated on time, parental concerns about vaccine safety may be contributing to the lack of immunization in young children.

A recent CDC report shows positive progress in increasing immunization rates among adolescents.<sup>47</sup> However, the rates of immunization with several important vaccines for the adolescent population remain unacceptably low: 53.6% for meningococcal meningitis vaccine and 55.6% for Tdap vaccine. In addition, only 26.7% of eligible adolescent girls have completed all three recommended doses of the HPV vaccine. Based on the results of this report, the Society of Adolescent Health and Medicine encourages increased efforts to fully vaccinate all adolescents.<sup>47</sup>

Evidence shows that members of some minority groups are less likely to be immunized than the rest of the population. U.S. vaccination rates for influenza among adults older than 65 years of age were 50.8% for blacks, 50.6% for Hispanics, and 68.6% for whites; and pneumococcal vaccination rates were 44.8%, 40.1%, and 64.9%, respectively.<sup>30</sup> It is important to identify and address the potential factors (e.g., education, age, socioeconomic status) that may account for the disparity in vaccination rates among minority groups.

Despite the significant success of vaccination programs in the United States, the data discussed above reveal that more remains to be done to reduce the toll of vaccine-preventable diseases in this country. If a patient suffers a vaccine-preventable infection, it is a medication-related problem that a pharmacist could have helped prevent.<sup>48</sup> Vaccines are medications, and pharmacists have the necessary education and responsibility to help people achieve the best outcomes from all medications.

## A Historical Perspective of Pharmacy-Based Immunization Delivery

In the late 1800s and early 1900s, pharmacists supplied physicians with smallpox and other vaccines as well as diphtheria and other antitoxins. In later decades, the profession adopted several roles involving immunizations: storage, preparation, distribution, and education.<sup>14</sup> This early involvement of pharmacists with immunology was short-lived. Several factors seem to have limited pharmacy's early efforts with vaccines: the novel route of administration (i.e., injection), a daunting adverse-effect profile (e.g., anaphylaxis, serum sickness), collective purchasing (i.e., by

## **EXHIBIT 5**



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Job Details

Culture

### Staff Pharmacist Part Time

Job Location: Saugus, MA

Position Type  
Hourly

Position Description  
Part-time hourly Staff Pharmacist in Saugus, MA  
Monday-Friday 10am-2pm, minimum hours required

Minimum Qualifications  
Pharm D  
APHA immunization certified

Additional Preferred Qualifications  
CPR certified

Job Role  
Staff Pharmacist Part Time

Location  
SAUGUS

Job ID: 407838BR

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Walmart Jobs > Healthcare – Pharmacy Jobs > Dallas Healthcare – Pharmacy Jobs

#### Job Details

#### Culture

### Pharmacy Manager

Job Location: Dallas, TX

Position Type  
Salary

#### Position Description

- Drives sales and profit in the Pharmacy and OTC areas
- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Ensures confidentiality of information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.
- Oversees the implementation of and participates in community outreach programs and encourages Associates to serve as a good member of the community
- Provides pharmaceutical care to Customers
- Provides supervision and development opportunities for Associates in assigned areas

#### Minimum Qualifications

- BS in Pharmacy OR PharmD Degree OR equivalent EPGE (NABP)
- Pharmacy license (by job entry date)

#### Additional Preferred Qualifications

- 1 year U.S. Pharmacy related experience
- Current Immunization certification

#### Job Role

Pharmacy Manager

Location  
DALLAS

Job ID: 412953BR

APPLY

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Job Details

Culture

## Pharmacy Manager

Job Location: King of Prussia, PA

Position Type  
Salary

### Position Description

- Drives sales and profit in the Pharmacy and OTC areas
- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Ensures confidentiality of information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.
- Oversees the implementation of and participates in community outreach programs and encourages Associates to serve as a good member of the community.
- Provides pharmaceutical care to Customers
- Provides supervision and development opportunities for Associates in assigned areas

### Minimum Qualifications

- BS in Pharmacy OR PharmD Degree OR equivalent EPGEQ (NABP)
- Pharmacy license (by job entry date)

### Additional Preferred Qualifications

- 1 year U.S. Pharmacy related experience
- Current Immunization certification

Job Role  
Pharmacy Manager

Location  
KING OF PRUSSIA

Job ID: 408303BR

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Job Details

Culture

Location

## Pharmacy Manager

Job Location: Atlanta, GA

Position Type

Salary

### Position Description

- Drives sales and profit in the Pharmacy and OTC areas
- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Ensures confidentiality of information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.
- Oversees the implementation of and participates in community outreach programs and encourages Associates to serve as a good member of the community.
- Provides pharmaceutical care to Customers
- Provides supervision and development opportunities for Associates in assigned areas

### Minimum Qualifications

- BS in Pharmacy OR PharmD Degree OR equivalent EPGE (NABP)
- Pharmacy license (by job entry date)

### Additional Preferred Qualifications

- 1 year U.S. Pharmacy related experience
- Current Immunization certification

Job Role

Pharmacy Manager

Location

ATLANTA

Job ID: 403286BR

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Job Details

Culture

## Staff Pharmacist-Ca

Job Location: Rancho Cordova, CA

### Position Type

Hourly

### Position Description

- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Maintains confidential information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards
- Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation

### Minimum Qualifications

- Bachelor's Degree in Pharmacy or PharmD Degree or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)

### Additional Preferred Qualifications

- Current immunization certification

### Job Role

Staff Pharmacist-Ca

### Location

RANCHO CORDOVA

Job ID: 412859BR

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Walmart Jobs > Healthcare – Pharmacy Jobs > Silicon Valley Healthcare – Pharmacy Jobs

Job Details

Culture

## Staff Pharmacist-Ca

Job Location: San Jose, CA

Position Type  
 Hourly

### Position Description

- Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas
- Maintains confidential information, documentation, and assigned records as required
- Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.
- Provides pharmaceutical care to Customers, including processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

### Minimum Qualifications

- Bachelor's Degree in Pharmacy or PharmD Degree or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)

### Additional Preferred Qualifications

- Current immunization certification

Job Role  
 Staff Pharmacist-Ca

Location  
 SAN JOSE

Job ID: 3941978R

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Keywords

Enter keywords, category or job title.

Location

Enter a postal code or a city, state.

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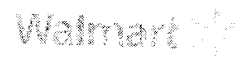
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## **EXHIBIT 6**

## Job Description

### Staff Pharmacist



**Ethics and Compliance: Model Ethics and Compliance** - Complies with policies and procedures. Demonstrates ethical performance. Supports efforts to enforce compliance with policies and procedures.

**Adaptability: Adapt Professionally** - Demonstrates creativity and strength in the face of change, obstacles, and adversity. Adapts to competing demands and shifting priorities. Updates and shares knowledge and skills to keep current in one's area of expertise. Embraces change and supports its implementation.

**Build Relationships: Form Relationships** - Builds trusting, collaborative relationships and alliances across functional and organizational boundaries. Relates to others in an accepting and respectful manner, regardless of their organizational level, personality, or background. Collaborates with people from diverse backgrounds, experiences, and functional areas to discover new perspectives.

## Physical Activities

*The following physical activities are necessary to perform one or more essential functions of this position.*

- Observes associate, customer, or supplier behavior.
- Enters and locates information on computer.
- Presents information to small or large groups and individuals.
- Communicates effectively in person or by using telecommunications equipment.
- Creates documents, reports, etc., using a writing instrument (such as a pencil or pen) or computer.
- Grasps, turns, and manipulates objects of varying size and weight, requiring fine motor skills and hand-eye coordination.
- Visually verifies information, often in small print.
- Reads information, often in small print.
- Visually locates merchandise and other objects.
- Visually inspects equipment.
- Reaches overhead and below the knees, including bending, twisting, pulling, and stooping.
- Moves, lifts, carries, and places merchandise and supplies weighing up to 25 pounds without assistance.

## Travel

*Traveling is necessary to perform one or more essential functions of this position.*

- Travels domestically to and from multiple facilities or work-sites requiring consecutive overnight stays.
- Travels domestically to and from multiple facilities or work-sites during the workday.

## Work Environment

*Working in the following environment is necessary to perform one or more of the essential functions of this position.*

- Moves through narrow, confined spaces such as stacks of merchandise or supplies, storage areas, and closets.
- May work with substances that require special handling.
- Works in areas requiring exposure to varying temperatures, extreme heat or cold, and/or wet, damp, or drafty conditions.
- Works overnight and on varying shifts as required.

## Entry Requirements

### Minimum Qualifications

- Bachelor's Degree in Pharmacy or PharmD, Degree, or equivalent FPGE (NABP)
- Pharmacy license (by job entry date)

### Preferred Qualifications

- Current immunization certification

Job Description  
Staff Pharmacist



**Signature**

I have read and understand the essential functions for this position and certify that:

I have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

I do not have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

\_\_\_\_\_  
Associate/Applicant Printed Name

\_\_\_\_\_  
Associate/Applicant Signature

\_\_\_\_\_  
Date

## **EXHIBIT 7**



## Job Description

### Pharmacy Manager

This position is responsible for assisting in the operation of a facility. An individual in this position will be expected to perform additional job related responsibilities and duties as assigned and/or as necessary.

### Essential Functions

*An individual must be able to successfully perform the essential functions of this position with or without a reasonable accommodation.*

Oversees the implementation of and participates in community outreach programs and encourages Associates to serve as a good member of the community.

Provides pharmaceutical care to Customers by processing and accurately dispensing prescription orders, counseling Customers regarding health care and prescription medication needs, maintaining confidential information, maintaining controlled medication and required documentation.

Ensures compliance with Company and legal policies, procedures, and regulations for assigned areas by analyzing and interpreting reports, implementing and monitoring loss prevention and safety controls, overseeing safety, operational, and quality assurance reviews, developing and implementing action plans, and providing direction and guidance on executing Company programs and strategic initiatives.

Ensures confidentiality of information, documentation, and assigned records as required by Company policies, and local, State, and Federal guidelines.

Models, enforces, and provides direction and guidance to Associates on proper Customer service approaches and techniques to ensure Customer needs, complaints, and issues are successfully resolved within Company guidelines and standards.

Provides supervision and development opportunities for Associates in assigned areas by selecting, training, mentoring, assigning duties, providing performance feedback, providing recognition, and ensuring diversity awareness.

Drives sales and profit in the Pharmacy and OTC areas by ensuring effective merchandise presentation, including accurate and competitive pricing, proper signing, in-stock and inventory levels, budgeting and forecasting sales, developing and maintaining cross functional relationships, and assessing economic trends and demographics.

### Competencies

*An individual must be proficient in each of the competencies listed below to successfully perform the responsibilities of this position.*

**Quality Patient Care-Facility** - Creates a culture of patient care, safety, and accuracy. Communicates clear expectations regarding quality of care and patient safety. Ensures others are held accountable for following Standard Operating Procedures (SOP) and achieving expected quality and patient safety goals. Ensures counseling (providing information related to the health service provided) occurs on new therapy (new items) and as requested by patients or required by practice or state regulations, including appropriate documentation. Analyzes and identifies areas of improvement needed and implements intervention steps to improve team knowledge and focus on patient safety and risk reduction. Promotes reporting and transparency of errors whether actual or patient perceived. Writes timely and effective plans of action focused on identification and correction of root cause.

**Compliance Focused Execution-Facility** - Creates and fosters an environment centered on health care compliance execution. Actively communicates, trains, and guides the processes for completion and follow-up on compliance initiatives to associates within Health & Wellness and other associates as applicable to the respective health care business. Implements compliance initiatives and priorities and monitors compliance execution by others. Ensures appropriate operational execution of billing procedures, HIPAA compliance adherence, and Standard Operating Procedures (SOP). Utilizes auditing processes to identify compliance issues and implement processes for improvement.

**Manages Finances** - Demonstrates sound financial management skills, including interpreting, analyzing, and explaining financial data and information. Manages budgets and ensures budgets and financial performance are aligned with business strategic requirements. Ensures assets, liabilities, revenues, and operating expenses are accounted for and reported. Complies with Company financial policies and procedures. Compiles and evaluates financial data to ensure operating procedures meet business needs. Monitors financial data and trends to identify and respond to market changes and other areas of opportunity.

**Oversees Inventory Flow** - Regularly monitors the inventory flow process to identify merchandise that needs to be ordered. Ensures proper execution of inventory flow processes. Monitors and evaluates the facility to identify and address problems with inventory flow.

**Manages Pharmacy Operations** - Conducts Associate meetings to identify and respond to their needs, concerns, and issues related to pharmacy products or services and to share information related to new initiatives. Ensures pharmacy operations are aligned with Company and regulatory (for example, HIPAA, SOP, QA) policies, standards, and procedures. Ensures adherence to proper policies and procedures for advising on, verifying, and dispensing products and Customer, insurance, and licensure issues. Documents information on changes in pharmaceutical products and procedures, and new ideas, approaches, and processes and shares the information with Associates and Managers.

**Judgment: Make Informed Judgments** - Uses relevant business metrics, analyses, and reports to measure, monitor, and improve performance. Identifies and applies sound, fact-based criteria in setting priorities and making decisions. Looks beyond symptoms to determine the root causes of problems, and identify and implement applicable solutions. Integrates knowledge and expertise in making fact-based recommendations and



## Job Description

### Pharmacy Manager

decisions.

**Customer/Member Centered: Ensure Customer/Member Centered Performance** - Analyzes data and information, and develops plans to exceed customer/member expectations. Sponsors initiatives and practices that provide customers/members with desired products, services, and experiences and that grow the business. Ensures customers/members receive the level of service that builds their trust and confidence. Removes barriers to delivering customer/member value, service, and support.

**Execution and Results: Ensure Execution and Achieve Results** - Conveys a sense of urgency in ways that motivate others to complete responsibilities and achieve goals. Pursues the achievement and alignment of measurable and meaningful goals. Leverages resources and talent to achieve business goals. Ensures others are held accountable for achieving expected results. Prioritizes and balances time, actions, and projects to ensure accomplishment of results. Monitors progress of others and redirects efforts when goals change or results are not met.

**Planning and Improvement: Ensure Planning and Improvement** - Sets clear expectations, performance measures, and goals, and helps others do the same. Plans for and ensures others have the information, resources, implementation time, and talent needed to accomplish business initiatives. Identifies and plans for improvement in performance using key business metrics.

**Influence and Communicate: Build and Influence Team** - Develops and communicates logical, convincing reasons, including lessons learned, to build support for one's viewpoints and actions. Involves others in decisions and plans that affect them, when appropriate. Recognizes and rewards team accomplishments, celebrating team and organizational success. Ensures business priorities, change initiatives, and organizational information are communicated in clear and compelling ways. Promotes the exchange of diverse experiences and ideas within own organization.

**Ethics and Compliance: Ensure Ethics and Compliance** - Actively communicates, trains, and guides associates on compliance with policies and procedures. Maintains an environment that promotes and reinforces the highest standards of integrity and ethics. Anticipates potential issues and takes action to enhance compliance.

**Adaptability: Adapt and Learn** - Demonstrates creativity and strength in the face of change, obstacles, or adversity. Adapts to competing demands and shifting priorities. Updates knowledge and skills to handle new complexities, challenges, and responsibilities. Seeks exposure to new ideas and perspectives. Identifies and takes steps to improve adaptability and continuous learning capabilities in own organization.

**Talent: Manage and Leverage Talent** - Develops talent plans for own organization targeted at increasing effectiveness, building diversity, and enhancing bench strength. Manages roles, assignments, and developmental opportunities to maximize organizational performance. Ensures people processes (for example, selection, development, performance evaluation) lead to effective associate performance and desired results throughout own organization. Monitors associate performance and provides constructive feedback that is specific, honest, accurate, and timely. Provides learning opportunities, guidance, and support in the development of associates.

**Build Relationships: Network Internally and Externally** - Builds trusting, collaborative relationships and alliances with others, inside and outside of the organization. Relates to others in an accepting and respectful manner, regardless of their organizational level, personality, or background. Promotes a team-based work environment that respects, embraces, and values diversity in others.

### Physical Activities

*The following physical activities are necessary to perform one or more essential functions of this position.*

Observes associate, customer, or supplier behavior.

Enters and locates information on computer.

Presents information to small or large groups and individuals.

Communicates effectively in person or by using telecommunications equipment.

Creates documents, reports, etc., using a writing instrument (such as a pencil or pen) or computer.

Grasps, turns, and manipulates objects of varying size and weight, requiring fine motor skills and hand-eye coordination.

Visually verifies information, often in small print.

Reads information, often in small print.

Visually locates merchandise and other objects.

Visually inspects equipment.

Reaches overhead and below the knees, including bending, twisting, pulling, and stooping.

Moves, lifts, carries, and places merchandise and supplies weighing up to 25 pounds without assistance.

Walmart

## Job Description

### Pharmacy Manager

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#### Work Environment

*Working in the following environment is necessary to perform one or more of the essential functions of this position.*

- Moves through narrow, confined spaces such as stacks of merchandise or supplies, storage areas, and closets.
- May work with substances that require special handling
- Works in areas requiring exposure to varying temperatures, extreme heat or cold, and/or wet, damp, or drafty conditions.
- Works overnight and on varying shifts as required.

#### Entry Requirements

##### ***Minimum Qualifications***

- BS in Pharmacy OR PharmD. Degree OR equivalent EPGEC (NABP)
- Pharmacy license (by job entry date)

##### ***Preferred Qualifications***

- 1 year U.S. Pharmacy related experience
- Current Immunization certification



**Job Description**  
**Pharmacy Manager**

---

**Signature**

I have read and understand the essential functions for this position and certify that:

\_\_\_\_\_ I have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

\_\_\_\_\_ I do not have the ability to perform the essential functions of this position either with or without a reasonable accommodation.

---

Associate/Applicant Printed Name

---

Associate/Applicant Signature

---

Date

## **EXHIBIT 8**

## Pharmacist Administered Immunizations

### SOP's, Forms, and Documents

Following are the relevant Standard Operating Procedures (SOPs), forms and documents necessary for the Pharmacist-Administered Immunization Delivery (PAID) program. Each SOP, form and/or document listed below is briefly described and then a link is provided to read it in its entirety. All SOPs, forms and documents must be read completely before beginning the program and must be followed at all times when providing immunizations.

The process for providing an immunization from the Pharmacy closely resembles the process normally used to process a prescription. Always follow the program SOPs carefully.

Refer to the program SOP's and guidance documents below for more details on how to complete an immunization in the Pharmacy.

### Storing and Handling Immunizations SOP

Immunizations are only effective at immunizing people against disease when they have been stored correctly. Do not allow your immunizations to become too hot or too cold. Follow the guidelines in the SOP "Storing and Handling Immunizations" to store immunizations safely. Use the immunization Temperature Log form to record the temperatures in the pharmacy's refrigerator and freezer twice each day.

#### Storing and Handling Vaccines

##### Vaccine Temperature Log

DeltaTrak Glycol Thermometer Instructions

### Hepatitis B Vaccine Form

Pharmacists that provide immunizations may face the risk of being exposed to a bloodborne pathogen. A bloodborne pathogen is any harmful microorganism that can be transmitted through blood or other bodily substances. Blood borne pathogens can be transmitted if a pharmacist is accidentally stuck with a syringe that has been used on a patient carrying such disease. Pharmacists participating in the immunization program may receive the Hepatitis B vaccine free of charge. The pharmacist can receive the immunization series (three total over 6 months) from a local provider and will be reimbursed at store level.

This vaccine is voluntary. If the Pharmacist chooses to receive the immunization series, they should complete the first section of the Walmart Hepatitis B Vaccination Form. If a Pharmacist does not wish to receive the vaccine, they should complete the second part of the Hepatitis B Vaccine form. The form is then taken to the Store Personnel Manager for retention, along with providing a copy to you MHWD for retention in your file.

#### Hepatitis B Vaccination Consent Form

Hepatitis B Reimbursement

### Administering the Immunization

Pharmacists that are certified to immunize can do so to patients only after reviewing a completed Patient Questionnaire and Consent Form. It is the responsibility of the Pharmacist to ensure the patient does not have any contraindications to a vaccine, to counsel the patient about the risks and benefits of the vaccine, safely administer the vaccine to the patient, and safely dispose of used vaccine syringe. Pharmacists should follow the guidance in the SOP "Administering the Immunization" whenever they provide an immunization. Refer to the "Patient Questionnaire and Consent Form," and "Pharmacist Screening Guide" for additional information about providing immunizations and screening patients.

#### Administering the Immunization

Patient Questionnaire and Consent Form - all stores except SC, CA, & NJ

Patient Questionnaire and Consent Form - CA ONLY

Patient Questionnaire and Consent Form - NJ ONLY

Patient Questionnaire and Consent Form - SC FLU ONLY

Patient Questionnaire and Consent Form - SC NON-FLU ONLY

#### Pharmacist Screening Guide Form

#### Adult Vaccine Administration Record

Pediatric Vaccine Administration Record

Pediatric Tips

Input for Success - Adult IMZ

Input for Success - Pediatric IMZ

Submitting an Immunization as a Claim in OutcomesMTM

Vaccine Fact Sheet

Billing an Immunization

Plan Specific Billing

IMZ Diagnosis Codes

Intern Guidelines

### The Pharmacy Technician's Role

Associates are important in the immunization process. Pharmacy Technicians at drop-off provide the Patient Questionnaire and Consent Form to the patient, provide the Vaccine Information Statement (VIS) to the patient, input the patient's information into Connexus, provide the completed Patient Questionnaire and Consent Form to the pharmacist using specially designated clear bags, and prepare all the supplies for the immunization except for the actual vaccine. Follow the guidance in the SOP "The Pharmacy Technician's Role" whenever processing an immunization for a patient.

### The Pharmacy Technician's Role SOP

#### **Vaccine Information Statements (VIS)**

Vaccine Information Statements (VIS) are information documents that are created by the Centers for Disease Control and Prevention (CDC). These sheets explain the benefits and risks of vaccines. There is a sheet for each type of vaccine offered in the Pharmacy. A patient must be given the opportunity to review the sheet for the vaccine they have requested before the vaccine is administered. The patient must be given the most recent VIS statement available from the CDC at the time of the immunization. The Pharmacist can accomplish this in two ways:

- The VIS statement(s) should be printed and laminated at store level so that they can be provided to the patient to read prior to administration, which is then returned back to the pharmacy at the end of the drop-off and questionnaire review process to be used again by another patient.
  - Provide a printed copy of the VIS statement(s) to the patient prior to administration, which the patient can take home with them.
- Please keep in mind, that if a laminated VIS is provided to the patient, the pharmacy staff must also offer to provide a "take-home" printed copy of the VIS statement(s) to the patient as well. If the patient refuses, that is acceptable. Failure to offer is a violation of federal immunization regulations.

If a patient requests a copy of a VIS, the patient requests an alternate language VIS statement, or the laminated copy of a VIS expires, VIS sheets can also be printed off in the Pharmacy directly from the CDC website. If you need a new copy of, or alternate language VIS statements, you can find them on the CDC website at:

<http://www.cdc.gov/vaccines/pubs/vis/default.htm> - Click on the link to review and print VIS documents. Up to date VIS documents can also be accessed via the Toolkit links provided.

#### **VIS Statements:**

Varicella (Chickenpox) - <http://www.immunize.org/vis/varic07.pdf>

Hepatitis A - <http://www.immunize.org/vis/hepatitis-a.pdf>

Hepatitis B - [http://www.immunize.org/vis/hepatitis\\_b.pdf](http://www.immunize.org/vis/hepatitis_b.pdf)

HPV-Gardasil - <http://www.immunize.org/vis/vis-hpv-gardasil.pdf>

Influenza - TIV - [http://www.immunize.org/vis/flu\\_inactive.pdf](http://www.immunize.org/vis/flu_inactive.pdf)

Influenza - LAIV - [http://www.immunize.org/vis/flu\\_live.pdf](http://www.immunize.org/vis/flu_live.pdf)

MMR - [http://www.immunize.org/vis/vis\\_mmr.asp](http://www.immunize.org/vis/vis_mmr.asp)

- *Measles Community Pearls for the Community Pharmacist!*

Meningococcal - <http://www.immunize.org/vis/meningococcal.pdf>

Pneumococcal, Conjugated - PCV - <http://www.immunize.org/vis/vis-pcv.pdf>

Pneumococcal, Polysaccharide - PPSV - <http://www.immunize.org/vis/pneum3.pdf>

Singles (Zoster) - <http://www.immunize.org/vis/shingles.pdf>

Tdap - <http://www.immunize.org/vis/tdap.pdf>

Summary of Adult Vaccinations - "You're Never Too Old to Get Immunized!" - <http://www.immunize.org/catg.d/p4030.pdf>

Store and Handling Vaccines - <http://www.immunize.org/catg.d/p3048.pdf>

Vaccines with Diluents - How to Use Them - <http://www.immunize.org/catg.d/p3040.pdf>

Administering Vaccines to Adults - Dose, route, site, and needle size - <http://www.immunize.org/catg.d/p3084.pdf>

Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults - <http://www.immunize.org/catg.d/p3072.pdf>

How to Administer IM and SQ Injections in Adults - <http://www.immunize.org/catg.d/p2020a.pdf>

How to administer IM, Intradermal, and intranasal influenza to adults - <http://www.immunize.org/catg.d/p2024.pdf>

Medical Management of Vaccine Adverse Reactions in Adults - <http://www.immunize.org/catg.d/p3082.pdf>

**Note:** A prescription is not required with a standing order.

#### **Responding to Adverse Events SOP**

An adverse event is when a patient has a harmful or uncomfortable response after receiving an immunization. Adverse events are rare and usually mild when they occur. However, adverse events can be serious or even life threatening if they are not properly addressed. Follow the guidelines in the SOP "Responding to Adverse Events" to render aid to a patient experiencing an adverse event.

#### Responding to Adverse Events SOP

Allergic Reaction Emergency Phone Script

Quick Reference Guide for Adverse Reactions

#### **Protecting Against Bloodborne Pathogens**

Bloodborne pathogens are harmful microorganisms that can be passed to individuals through blood and bodily fluids of infected individuals. Pharmacists must take care when handling immunization syringes because the syringes can present a danger if not carefully handled and disposed of. Follow the guidelines in the

SOP "Protecting Against Bloodborne Pathogens" to keep yourself, and others, safe from bloodborne pathogens. Use the "Walmart Bloodborne Pathogen (BBP) Exposure Control Plan" and "Walmart BBP Exposure Incident" for instructions on how to respond whenever an Associate is exposed to a bloodborne pathogen. Use the "Sharp's Injury Log" if an Associate is injured by a used syringe.

Biomedical Waste Management Plans

Blood borne Pathogens Exposure Control Plan

What to do in the Event of a Bloodborne Pathogen Exposure Incident

Consent to Undergo Blood Test

Exposed Associate Declination Form

Source Individual Declination Form

Exposure Incident Info to Healthcare Professional

Sharp's Injury Log

Sharps Handling and Disposal Guidelines

Medical Waste Storage Timelines for Sharps Containers by State

How to Schedule a Pickup with USPS

### **Standing Orders**

Standing orders can take the place of a prescription for an immunization. A standing order is a medical protocol from a Doctor that allows a Pharmacist to provide specific-types of immunizations to patients so long as the patients meet certain standardized criteria.

Standing orders can only be used according to the doctor's instructions listed in the protocol of the standing order. Every pharmacy must print off the standing order protocol assigned to their store and follow the instructions for each listed vaccine.

When a patient requests an immunization, the technician at Drop-Off will use the standing order for their Pharmacy just like a prescription (unless the patient presents a specific prescription from a doctor). Copies of the standing order will be kept at the drop-off station and the standing order will be scanned into Connexus for the patient. See the SOP "The Pharmacy Technician's Role" for more information about how to use standing orders.

A copy of expired or rescinded standing orders must be retained when a standing order is renewed. The following steps must be taken to ensure record retention and vaccine administration compliance:

- Retain one single copy for your pharmacy records; remove all other remaining copies of the expiring standing orders and shred.
- Write "renewed" and the date of the new order, and indicate new doctor if the approving physician has changed, and enter the date replaced on the reserved SO
- Place the old copy in your pharmacy file cabinet, under "standing orders" - these must be retained per your state board of pharmacy requirements, and corporate record retention guidelines (Please see POM 1306).

### Standing Orders

*back to top*

Last Published : April 1, 2015

## **EXHIBIT 9**

## Rest Breaks, Meal Periods and Days of Rest Policy - California

Updated: August 25, 2012

Walmart is committed to ensuring each associate receives their rest break, meal period and day of rest appropriately. We provide non-exempt associates in California (those who are eligible for overtime pay under federal, state or local law) with rest breaks, meal periods, and days of rest as described in this policy.

If you believe you need to take a rest break or meal period at a particular time due to a medical condition or other special need, you should promptly discuss the issue with your supervisor or a manager. If you are a nursing mother, you may breastfeed your child or express breast milk during any regular rest break or meal period, as set forth in the Breastfeeding Mothers' Support Policy.

This policy applies to all associates who work for Walmart Stores, Inc. or one of its subsidiary companies in California.

Field Logistics associates should refer to the Logistics Meal Period, Rest Breaks, and Days of Rest Policy

Rest breaks

Meal periods

Days of rest

Your responsibilities

Investigation and appropriate action

### Rest breaks

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Depending on how many hours you work, you will receive paid, uninterrupted 15-minute rest breaks as follows.

- If you work more than three and up to six hours in a single workday, you will receive one rest break.
- If you work more than six and up to ten hours in a single workday, you will receive two rest breaks.
- If you work more than ten and up to fourteen hours in a single workday, you will receive three rest breaks.
- If you work more than fourteen and up to eighteen hours in a single workday, you will receive four rest breaks.
- If you work more than eighteen and up to twenty-two hours in a single workday, you will receive five rest breaks.
- If you work more than twenty-two and up to twenty-four hours in a single workday, you will receive six rest breaks.

### Timing of rest breaks

To provide you appropriate periods of rest throughout your workday, rest breaks may not be attached or combined with a meal period or another rest break or used as a basis for starting work late or leaving work early. Unless management approves, rest breaks may not be taken at the beginning or end of your shift. You are authorized and permitted to take a 15-minute paid rest break for every three hours worked. Whenever practicable, you should take (or will be scheduled for) your breaks near the middle of each three-hour work period.

### Compensation for rest breaks

Walmart will pay you at your regular rate of pay for the time you spend on rest breaks in accordance with this policy. Do not clock out or clock in for rest breaks.

### Location of rest breaks

You should take your rest breaks in the facility's break/meeting room or in another area of the premises designated for associate rest breaks or meal periods. In light of the amount of time provided, you are encouraged not to leave Walmart property during your rest breaks. Suppliers or guests with an existing business relationship with Walmart and your *family members* may use the break/meeting room or accompany you during rest breaks.

For purposes of this policy, *family member* means your relative by birth, adoption or marriage (domestic partnership or civil union if recognized by your state) including spouse, children, parents, siblings, grandparents, grandchildren, or other members of your household.

### Prohibition against work during rest breaks

You should be completely relieved of duty and must not perform any work during your rest breaks. If you perform work during a rest break that prevents you from receiving 15 minutes of uninterrupted non-work time, you may take a later paid, uninterrupted 15-minute rest break as soon as practicable. However, performing work during a rest break may result in a rest break exception.

### Rest break exceptions

If you miss a rest break or take a rest break that is too long or too short, it will be defined as a rest break exception.

### Meal periods

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If you work more than five consecutive hours, you must take an uninterrupted meal period of at least 30 minutes that must begin on or before your fifth hour of work. With your supervisor's prior approval, you may take up to 60 minutes for your meal period. If you work more than 10 hours, you must take a second uninterrupted meal period of at least 30 minutes that must begin on or before your tenth hour of work.

Meal periods may not be taken at the start of a workday, attached to a break, attached to another meal period or attached to the end of the workday.

### Compensation for meal periods

Meal periods are unpaid and you must clock out at the start of your meal period and clock in when returning to work. If the time clock malfunctions, you must submit the appropriate time adjustment on the same day that you were unable to clock in or out due to the time clock malfunction.

If your meal period is taken in a timely manner and for the full duration, but you fail to clock in (or out) appropriately for the meal period, you will receive no additional compensation for the meal period because meal periods are unpaid.

If your meal period is taken in a timely manner and is less than 30 minutes, regardless of whether it was voluntary or involuntary, you will be compensated automatically for the incomplete meal period.

If you do not receive a meal period in accordance with this policy, you will receive a payment equivalent to one hour's pay at your regular rate of pay.

### Location of meal periods

You do not need to remain on the premises for your meal periods. Even if you are an overnight associate in a facility that is secured during the overnight shift, you may leave the premises for your meal periods. If you choose to remain on the premises, you should take your meal period in the break/meeting room or other areas of the premises designated for associate rest breaks or meal periods. Suppliers or guests with an existing business relationship with Walmart and your family members, as defined above, may use the break/meeting room or accompany you during meal periods.

### Prohibition against work during meal periods

You should be completely relieved of duty during your meal periods and you must not perform any work during your meal periods. If your meal period was interrupted with work, you must complete an appropriate time adjustment form.

### Waiver of meal periods (Applies to Pharmacists only)

If you are a Pharmacist, you may request to waive a second meal period. If you wish to waive a meal period, you must complete a written waiver form and have it approved and signed by the appropriate member of management.

*Second Meal Period Waiver Form - Pharmacists & Logistics Only*

*Second Meal Period Waiver Form - Spanish - Pharmacists & Logistics Only*

### Meal period exceptions

While the following list is not all inclusive, below are examples of meal period exceptions:

- You fail to clock-in or clock-out for a scheduled meal period and fail to process an appropriate time adjustment form prior to completion of your next work shift.
- You work more than five hours and you do not take an uninterrupted meal period of at least 30 minutes during your shift.
- You take a meal period of less than 30 minutes.

### Days of rest

Days of rest requirements apply to all non-exempt associates, except for (1) associates who work 30 or fewer hours per week and 6 or fewer hours per day; and (2) associates working in a pharmacy.

You will not be scheduled to work more than six days in a single workweek.

Associates on an alternative work schedule (i.e., the workweek is not measured from Sunday to Saturday) must receive two consecutive days of rest per workweek.

If you are a minor associate, you are prohibited from working more than six days in a workweek.

The following states have specific days of rest requirements. If you travel to the following states, the policy regarding that state will apply while working in that state, unless your current state's requirements are more restrictive, in which case those requirements will apply.

California	Illinois	Kentucky	Massachusetts
Maryland	New Hampshire	New York	North Dakota
Rhode Island	South Carolina	Texas	Wisconsin

### Your responsibilities

Except as otherwise provided, you must take full, uninterrupted, rest breaks and meal periods in accordance with this policy. Associates who violate this policy may be subject to disciplinary action up to and including termination.

If you are unable to take a rest break or meal period for any reason or if it is interrupted by work, you must personally contact your immediate supervisor, manager or HR representative as soon as possible.

**Managing exceptions**

You have the opportunity to discuss rest break or meal period exceptions with management. Multiple rest break or meal period exceptions may result in disciplinary action up to and including termination. The level of discipline imposed will depend in part on the number of rest break and/or meal period exceptions that you incur.

**Reporting procedures**

If you believe that you have been improperly denied a rest break, meal period or day of rest; have been improperly asked to work during a rest break, meal period or day of rest; or if you have any other questions or concerns regarding this policy, you should immediately contact any of the following:

- Your immediate supervisor;
- Your HR representative or
- The Global Ethics Office, 1-800-WMETHIC (1-800-963-8442).

Walmart prohibits retaliation against any associate for reporting a possible deviation from this policy or for cooperating in an investigation. Any associate who retaliates against another associate for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action up to and including termination.

**Investigation and appropriate action**

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Walmart will promptly and thoroughly investigate all rest break and meal period exceptions or possible deviations from this policy that come to our attention, to the extent permitted by applicable law. If it is determined that you were not provided rest breaks, meal periods, or days of rest as described in this policy, Walmart will take appropriate action, as permitted by law, to correct the issue and prevent further errors. If the investigation reveals that there was a time clock malfunction or it is determined that you are not responsible for the meal period or rest break exception, then no discipline will result.

**For more information**

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If you have questions or need further guidance, please contact your HR representative.

This information does not create an express or implied contract of employment or any other contractual commitment. Walmart may modify this information at its sole discretion without notice, at any time, consistent with applicable law. Employment with Walmart is on an at-will basis, which means that either Walmart or the associate is free to terminate the employment relationship at any time for any or no reason, consistent with applicable law.

Last Modified: August 25, 2012

## **EXHIBIT 11**

*Law Office*

Eric M. Epstein  
A PROFESSIONAL CORPORATION

1901 Avenue of the Stars, Suite 1100  
LOS ANGELES, CALIFORNIA 90067-6002  
TELEPHONE: (310) 552-5366  
TELEFAX: (310) 556-8021

November 10, 2014

CERTIFIED MAIL  
Return Receipt Requested

California Labor & Workforce Development Agency  
801 K Street, Suite 2101  
Sacramento, CA 95814

Re: Violation of Labor Code, Sections 201-203, 226(a), 510, 558, 1182.12, 1194, and  
1197, by Walmart Stores, Inc.

Dear Sir or Madam:

This office, along with the Thierman Law Firm and the Parcels Law Firm, represent Afrouz Nikmanesh, individually, and on behalf of all other current and/or former similarly aggrieved employees of Walmart Stores, Inc. (the "Company"), who were employed by the Company as Pharmacists within the State of California and took the APHA Immunization Certification training course (the "training course"). The Company has its main offices at 702 SW 8<sup>th</sup> Street, Bentonville, AR 72716.

The aforesaid employees of the Company allege that the Company violated Labor Code, Section 226(a), in that:

1. Said employees are not exempt from payment of overtime under subdivision (a) of Section 515 or any applicable order of the Industrial Welfare Commission and they were not furnished, either as a detachable part of the check, draft or voucher paying their wages, or separately when wages were paid by personal check or cash,<sup>1</sup> an accurate itemized statement in writing showing the total hours worked by each such employee; and/or
2. Said employees were not furnished an accurate itemized statement in writing showing all applicable hourly rates in effect during the pay period and the corresponding number of hours worked at each hourly rate by the employee.

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<sup>1</sup> Said employees were never paid by personal check or cash.

November 10, 2014  
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Simply put, the employees were not furnished with an accurate itemized wage statement, because it did not contain the hours that the employees worked “off the clock”, nor did it contain the applicable hourly rates for such “off the clock” work.

The aforesaid employees of the Company further allege that the Company violated Labor Code, Sections 510, 558, 1182.12, 1194, and 1197 in that:

3. Said employees are not exempt from payment of overtime under subdivision (a) of Section 515 or any applicable Order of the Industrial Welfare Commission. Said employees worked in excess of 8 hours in any one work day and/or in excess of 40 hours in any one work week, and/or on the seventh day of work in any one work week, and were not compensated at a rate of no less than one and half times the regular rate of pay for each such employee. Furthermore, any work performed by any such employee in excess of 12 hours in one day or more than 8 hours on the seventh day of work in any one work week, was not compensated at the rate of no less than twice the regular rate of pay for such employee. In addition, said employees were not compensated at their regular wage rate, or even at minimum wage, for any off the clock work that did not consist of overtime.
4. Specifically, the unpaid overtime and unpaid minimum wage results from “off the clock” work which consisted of the home study and test portions of the training course that the employees took at the direction of the Company that was directly related to said employees’ job. The Company failed to pay said employees any wages whatsoever for such “off the clock” work.
5. By failing to pay overtime compensation for each such employee for work in excess of 8 hours in any one day, and/or 40 hours in any one week, and/or for work on a seventh day in any one work week, the Company violated Section 510 of the Labor Code and is subject to, among other things, the penalties set forth in Section 558 of the Labor Code, and by failing to pay minimum wage for such “off the clock” work the Company violated Sections 1182.12, 1194 and 1197 of the Labor Code.

The aforesaid employees of the Company further allege that the Company violated Labor Code, §§ 201 - 203, in that the Company failed to pay said aggrieved employees whose employment with the Company terminated, all the wages that they were due upon termination of their employment in that they failed to pay said employees all the wages said employees were due for their “off the clock” time consisting of the home study and test portions of the training course.

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The violation of Section 226(a) as set forth above is based upon the itemized wage statements failing to include the time for the home study and test portions of the training course and the applicable hourly rates for such time.

The aforesaid employees of the Company further allege that the Company violated Labor Code, Sections 201 - 203, in that the Company failed to pay their employees whose employment with the Company terminated, all the wages that they were due upon termination of their employment in that they failed to pay said employees all the wages said employees were due for their home study and test portion of the APHA course.

The above violations pertaining to Ms. Nikmanesh occurred from in or about December 2013 to in or about September 2014. The above violations pertaining to the similarly aggrieved employees occurred from in or about July 2013, continuing to the present.

This letter is written pursuant to the requirements of Labor Code, Section 2699.3(a)(1) and a certified copy of this letter is being sent concurrently herewith to the Company. Please notify me within 30 calendar days of the date this letter is postmarked whether or not you intend to investigate the above violations.

Very truly yours,

**ERIC M. EPSTEIN**, A Professional Corporation

By: \_\_\_\_\_

Eric M. Epstein

cc: Walmart Stores, Inc. - via Certified Mail  
Mark Thierman, Esq. }  
Dayton Parcels, Esq. } via email  
Afrouz Nikmanesh }

## **EXHIBIT 12**

*Law Office*

Eric M. Epstein  
A PROFESSIONAL CORPORATION

1901 Avenue of the Stars, Suite 1100  
LOS ANGELES, CALIFORNIA 90067-6002  
TELEPHONE: (310) 552-5366  
TELEFAX: (310) 556-8021

December 1, 2014

CERTIFIED MAIL  
Return Receipt Requested

California Labor & Workforce Development Agency  
801 K Street, Suite 2101  
Sacramento, CA 95814

Re: Violation of Labor Code, Sections 1102.5 and 226.7

Dear Sir or Madam:

This office, along with the Thierman Law Firm and the Parcels Law Firm, represent Afrouz Nikmanesh ("Afrouz"), a former employee of Walmart Stores, Inc. (the "Company"). The Company has its main offices at 702 SW 8<sup>th</sup> Street, Bentonville, AR 72716.

The aforesaid employee of the Company alleges that the Company violated Labor Code, Section 1102.5, in that:

1. In or about July 2013, and continuing to the present, the Company violated Section 4425 of the California Business and Professions Code, in that it failed to charge customers who were Medicare beneficiaries who did not have Part D coverage, but who presented a Medicare card and valid prescription ("eligible patients"), a price that does not exceed the Medi-Cal reimbursement rate for said prescription (the "Medicare discount").

2. In or about July 2013, said employee disclosed to Anthony Chung, a person with authority over Afrouz, and/or another employee of the Company who has the authority to investigate, discover, or correct the violation or noncompliance, that the Company was not providing the Medicare discount to eligible patients as required by Section 4425 of the California Business & Professions Code.

3. In or about October 2013, Afrouz disclosed to other employees of the Company who had the authority to investigate, discovery, or correct the violation or noncompliance, that the Company was violating California law by not reporting data to the CURES program which requires the reporting of such data to the California Department of Justice on a weekly basis.

December 1, 2014  
Page 2

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4. In or about December 2013, Afrouz disclosed to Paul Beahm, a person with authority over Afrouz, and an employee of the Company who has the authority to investigate, discover, or correct the violation or noncompliance, that the Company's billing process of certain patients (referring to the Medicare discount for eligible patients) was exposing the Company to a class action lawsuit.

5. On or about January 30, 2014, Afrouz disclosed to Todd Comedy, an employee of the Company who had authority over said employee and/or to other employees who have the authority to investigate, discover, or correct the violation or noncompliance, that (a) the Company was not providing Medicare discounts to eligible patients; and (b) Pharmacists, including herself, were not being compensated for the home study and test portions of the APHA Immunization Certification training course ("the Training Course").

6. On or about September 11, 2014, Afrouz disclosed to Pareseh Patel, Alfred Rodriguez, and Tene Green, persons who had authority over Afrouz, and/or who are employees who have authority to investigate, discover, or correct the violation or noncompliance, that the Company was not providing the Medicare discount to eligible patients and that the Company did not compensate Afrouz or other pharmacists for the home study and testing portions of the Training Course.

7. On or about September 17, 2014, Afrouz disclosed to Marianne Dabney, a person with authority over Afrouz, that Walmart's directive that faxed prescriptions of controlled substances without meeting any other requirements was not legal.

8. On or about September 22, 2014, Afrouz disclosed to Debbie Mack, another employee who has the authority to investigate, discover, or correct the violation or noncompliance, that Walmart's directive that faxed prescriptions for controlled substances without meeting any other requirements was not legal.

9. Failure to provide the Medicare discount to eligible patients as set forth above was reasonably believed by Afrouz to constitute a violation of California law which requires said discount to be offered and provided. Furthermore, the failure to pay Afrouz and other employees similarly situated for the home study and test portions of the Training Course was reasonably believed by Afrouz to constitute a violation of both California law and Federal law with respect to payment of overtime wages or, the employees' base wage, or minimum wage, as may be applicable. Furthermore, Afrouz reasonably believed that failing to report data to the CURES program constitutes a violation of California law. Finally, Afrouz reasonably believed that accepting a faxed prescription of a controlled substance without meeting the other requirements constituted a violation or noncompliance with California law.

December 1, 2014  
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10. From in or about August 2013 to September 24, 2014, the Company retaliated against Afrouz for disclosing information that the Company violated a state or federal statute, rule, or regulation as set forth above, in the following respects:

- A. By denying Afrouz opportunities for advancement within the Company;
- B. By denying Afrouz promotions;
- C. By failing to give Afrouz a bonus;
- D. By giving Afrouz a bad performance evaluation;
- E. By failing to reimburse Afrouz for the cost of blood titers;
- F. By denying authorization for overtime for Afrouz and the technician she supervised at her store;
- G. By ignoring Afrouz's request to help fund a booth at Leisure World to promote her pharmacy;
- H. By denying her request to have a "Health Fair" to promote her pharmacy;
- I. By falsely accusing Afrouz's pharmacy on a conference call with her colleagues of having "spotty" reports;
- J. By not giving hours to Afrouz's staff pharmacist;
- K. By ignoring Afrouz's request to address the lack of coverage in her Over-the-Counter department;
- L. By terminating Afrouz's employment on September 24, 2014.

By committing the acts of retaliation as set forth above, the Company violated Section 1102.5 of the Labor Code in that it retaliated against Afrouz for disclosing information to a person(s) with authority over her and/or to other employee(s) who have authority to investigate, discover or correct the violation or noncompliance, that the Company had violated the law by failing to pay overtime wages and/or any wages for the home study and test portions of the Training Course, by failing to provide the Medicare discount to eligible patients, by failing to provide CURES data to the California Dept. of Justice, and by directing Pharmacists to accept faxed prescriptions for controlled substances without the need for meeting any other

December 1, 2014  
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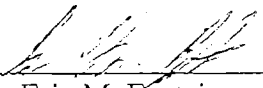
requirements.

The aforesaid employee of the Company, on her own behalf, and on behalf of all other aggrieved employees, also alleges that the Company violated Section 226.7 of the Labor Code by failing to provide legally mandated rest periods to non-exempt Pharmacists employed in California from December 1, 2010 to the present, in accordance with the requirements of Wage Order 4-2001, Section 12.

This letter is written pursuant to the requirement of Labor Code, Section 2699.3(a)(1), and a certified copy of this letter is being sent concurrently herewith to the Company

Very truly yours,

**ERIC M. EPSTEIN**, A Professional Corporation

By:   
Eric M. Epstein

cc: Walmart Stores, Inc. - via Certified Mail  
Mark R. Thierman, Esq. }  
Dayton B. Parcels, III, Esq. } via email  
Afrouz Nikmanesh }

## **EXHIBIT 13**

*Law Offices*

Eric M. Epstein  
A PROFESSIONAL CORPORATION

1901 Avenue of the Stars, Suite 1100  
LOS ANGELES, CALIFORNIA 90067-6002  
TELEPHONE: (310) 552-5366  
TELEFAX: (310) 556-8021

April 1, 2015

CERTIFIED MAIL  
Return Receipt Requested

California Labor & Workforce Development Agency  
801 K Street, Suite 2101  
Sacramento, CA 95814

Re: Violation of Labor Code, Sections 201-203, 226(a), 226.7, 510, 558, 1102.5, 1182.12,  
1194, and 1197, by Wal-Mart Stores, Inc. and Wal-Mart Associates, Inc.

Dear Sir or Madam:

This office, along with the Thierman Buck LLP and the Parcels Law Firm, represent Afrouz Nikmanesh ("Afrouz"), individually, and on behalf of all other current and/or former similarly aggrieved employees of Walmart Stores, Inc. And Wal-Mart Associates, Inc. (collectively, the "Company"), including, but not limited to, Elvis Atencio, Anna Nguyen and Effie Spentzos, who were employed by the Company as Pharmacists within the State of California and took the APHA Immunization Certification training course (the "Training Course") and/or were not provided legally mandated rest periods. The Company has its main offices at 702 SW 8<sup>th</sup> Street, Bentonville, AR 72716.

This letter supplements the prior letters sent to you on November 10, 2014 and December 1, 2014 by adding Wal-Mart Associates, Inc., as a joint employer of Afrouz and all other current and/or former similarly aggrieved employees of Wal-Mart Stores, Inc. and Wal-Mart Associates, Inc., including, but not limited to, Elvis Atencio, Anna Nguyen and Effie Spentzos, and adding additional complaints that Afrouz made regarding violations of the law by the Company and an additional act of retaliation in connection therewith.

The aforesaid employees of the Company allege that the Company violated Labor Code, Section 226(a), in that:

1. Said employees are not exempt from payment of overtime under subdivision (a) of Section 515 or any applicable order of the Industrial Welfare Commission and they were not furnished, either as a detachable part of the check, draft or voucher paying

April 1, 2015

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their wages, or separately when wages were paid by personal check or cash,<sup>1</sup> an accurate itemized statement in writing showing the total hours worked by each such employee; and/or

2. Said employees were not furnished an accurate itemized statement in writing showing all applicable hourly rates in effect during the pay period and the corresponding number of hours worked at each hourly rate by the employee.

The violation of Section 226(a) as set forth above is based upon the itemized wage statements failing to include the time for the home study and test portions of the training course and the applicable hourly rates for such time.

Simply put, the employees were not furnished with an accurate itemized wage statement, because it did not contain the hours that the employees worked “off the clock”, nor did it contain the applicable hourly rates for such “off the clock” work.

The aforesaid employees of the Company further allege that the Company violated Labor Code, Sections 510, 558, 1182.12, 1194, and 1197 in that:

3. Said employees are not exempt from payment of overtime under subdivision (a) of Section 515 or any applicable Order of the Industrial Welfare Commission. Said employees worked in excess of 8 hours in any one work day and/or in excess of 40 hours in any one work week, and/or on the seventh day of work in any one work week, and were not compensated at a rate of no less than one and half times the regular rate of pay for each such employee. Furthermore, any work performed by any such employee in excess of 12 hours in one day or more than 8 hours on the seventh day of work in any one work week, was not compensated at the rate of no less than twice the regular rate of pay for such employee. In addition, said employees were not compensated at their regular wage rate, or even at minimum wage, for any off the clock work that did not consist of overtime.
4. Specifically, the unpaid overtime and unpaid minimum wage results from “off the clock” work which consisted of the home study and test portions of the Training Course that the employees took at the direction of the Company that was directly related to said employees’ job. The Company failed to pay said employees any wages whatsoever for such “off the clock” work.
5. By failing to pay overtime compensation for each such employee for work in excess of 8 hours in any one day, and/or 40 hours in any one week, and/or for work on a

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<sup>1</sup> Said employees were never paid by personal check or cash.

April 1, 2015  
Page 3

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seventh day in any one work week, the Company violated Section 510 of the Labor Code and is subject to, among other things, the penalties set forth in Section 558 of the Labor Code, and by failing to pay minimum wage for such "off the clock" work the Company violated Sections 1182.12, 1194 and 1197 of the Labor Code.

The aforesaid employees of the Company further allege that the Company violated Labor Code, Sections 201 - 203, in that the Company failed to pay said aggrieved employees whose employment with the Company terminated, all the wages that they were due upon termination of their employment in that they failed to pay said employees all the wages said employees were due for their home study and test portion of the Training Course.

The aforesaid employees of the Company, further allege that the Company violated Section 226.7 of the Labor Code by failing to provide legally mandated rest periods to non-exempt Pharmacists employed in California from December 1, 2010 to the present, in accordance with the requirements of Wage Order 4-2001, Section 12.

Afrouz, for herself alone, further alleges that the Company violated Labor Code, Section 1102.5, in that:

1. In or about July 2013, and continuing to the present, the Company violated Section 4425 of the California Business and Professions Code, in that it failed to charge customers who were Medicare beneficiaries who did not have Part D coverage, but who presented a Medicare card and valid prescription ("eligible patients"), a price that does not exceed the Medi-Cal reimbursement rate for said prescription (the "Medicare discount").

2. In or about July 2013, said employee disclosed to Anthony Chung, a person with authority over Afrouz, and/or another employee of the Company who has the authority to investigate, discover, or correct the violation or noncompliance, that the Company was not providing the Medicare discount to eligible patients as required by Section 4425 of the California Business & Professions Code.

3. In or about October 2013, Afrouz disclosed to other employees of the Company who had the authority to investigate, discovery, or correct the violation or noncompliance, that the Company was violating California law by not reporting data to the CURES program which requires the reporting of such data to the California Department of Justice on a weekly basis.

4. In or about December 2013, Afrouz disclosed to Paul Beahm, a person with authority over Afrouz, and an employee of the Company who has the authority to investigate, discover, or correct the violation or noncompliance, that the Company's billing process of certain patients (referring to the Medicare discount for eligible patients) was exposing the Company to a class action lawsuit.

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5. On or about January 30, 2014, Afrouz disclosed to Todd Comedy, an employee of the Company who had authority over said employee and/or to other employees who have the authority to investigate, discover, or correct the violation or noncompliance, that (a) the Company was not providing Medicare discounts to eligible patients; and (b) Pharmacists, including herself, were not being compensated for the home study and test portions of the APHA Immunization Certification training course ("the Training Course").

6. On or about September 11, 2014, Afrouz disclosed to Paresah Patel, Alfred Rodriguez, and Tene Green, persons who had authority over Afrouz, and/or who are employees who have authority to investigate, discover, or correct the violation or noncompliance, that the Company was not providing the Medicare discount to eligible patients and that the Company did not compensate Afrouz or other pharmacists for the home study and testing portions of the Training Course.

7. On or about September 17, 2014, Afrouz disclosed to Marianne Dabney, a person with authority over Afrouz, that Wal-Mart's directive that faxed prescriptions of controlled substances without meeting any other requirements was not legal.

8. On or about September 22, 2014, Afrouz disclosed to Debbie Mack, another employee who has the authority to investigate, discover, or correct the violation or noncompliance, that Wal-Mart's directive that faxed prescriptions for controlled substances without meeting any other requirements was not legal.

9. In or about and between November 2012 and continuing to in or about August 2013, the Company denied pre-authorization for an MRI of Afrouz's breasts. Afrouz attempted to appeal this denial. The Company denied Afrouz the right of a timely appeal, which said right she was entitled to under ERISA, a federal law. In or about April 2013, Afrouz complained to the U.S. Dept. of Labor regarding Wal-Mart's denial of her right to an appeal and that the Company had retaliated against her for attempting to exercise such right. In or about and between November 25, 2012 and August 2013 Afrouz complained to employees of the Company who have the authority to investigate, discover, or correct the violation or non-compliance, including, but not limited to, Tammy Freeman, Sterling Hartman, Antoinette (in the Company's Benefits Department), and Quentin (a Supervisor in the Company's Benefits Department), that she had a right to appeal the denial of the pre-authorization for an MRI of her breasts and it was a violation of ERISA to deny her a right to a timely appeal and to retaliate against her for attempting to exercise that right.

10. Failure to provide the Medicare discount to eligible patients as set forth above was reasonably believed by Afrouz to constitute a violation of California law which requires said discount to be offered and provided. Furthermore, the failure to pay Afrouz and other employees similarly situated for the home study and test portions of the Training Course was reasonably believed by Afrouz to constitute a violation of both California law and Federal law with respect to payment of overtime wages or, the employees' base wage, or minimum wage, as may be applicable.

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Furthermore, Afrouz reasonably believed that failing to report data to the CURES program constitutes a violation of California law. In addition, Afrouz reasonably believed that accepting a faxed prescription of a controlled substance without meeting the other requirements constituted a violation or noncompliance with California law. Finally, Afrouz reasonably believed that the Company's denial of her right to a timely appeal of the denial of pre-authorization for an MRI of her breasts and the Company's retaliation against her for attempting to exercise her right of appeal, constitutes a violation or non-compliance with ERISA.

11. From in or about April 2013 and continuing to September 24, 2014, the Company retaliated against Afrouz for disclosing information that the Company violated a state of federal statute, rule, or regulation as set forth above, in the following respects:

- A. By denying Afrouz opportunities for advancement within the Company;
- B. By denying Afrouz promotions;
- C. By failing to give Afrouz a bonus;
- D. By giving Afrouz a bad performance evaluation;
- E. By failing to reimburse Afrouz for the cost of blood titers;
- F. By threatening to retract all prior claims it had paid for MRIs of Afrouz's breasts which would have resulted in Afrouz having to pay for same;
- G. By denying authorization for overtime for Afrouz and the technician she supervised at her store;
- H. By ignoring Afrouz's request to help fund a booth at Leisure World to promote her pharmacy;
- I. By denying her request to have a "Health Fair" to promote her pharmacy;
- J. By falsely accusing Afrouz's pharmacy on a conference call with her colleagues of having "spotty" reports;
- K. By not giving hours to Afrouz's staff pharmacist;
- L. By ignoring Afrouz's request to address the lack of coverage in her Over-the-Counter department;
- M. By terminating Afrouz's employment on September 24, 2014.

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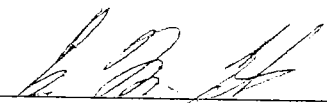
By committing the acts of retaliation as set forth above, the Company violated Section 1102.5 of the Labor Code in that it retaliated against Afrouz for disclosing information to a person(s) with authority over her and/or to other employee(s) who have authority to investigate, discover or correct the violation or noncompliance, that the Company had violated the law by failing to pay overtime wages and/or any wages for the home study and test portions of the Training Course, by failing to provide the Medicare discount to eligible patients, by failing to provide CURES data to the California Dept. of Justice, and by directing Pharmacists to accept faxed prescriptions for controlled substances without the need for meeting any other requirements, and by failing to give her the right to timely appeal the denial of her claim for an MRI of her breasts.

The above violations pertaining to Afrouz occurred from in or about April 2013 continuing to in or about September 2014. The above violations pertaining to the similarly aggrieved employees including, but not limited to, Elvis Atencio, Anna Nguyen and Effie Spentzos, occurred from in or about July 2013, continuing to the present.

This letter is written pursuant to the requirements of Labor Code, Section 2699.3(a)(1) and a certified copy of this letter is being sent concurrently herewith to the Company. Please notify me within 30 calendar days of the date this letter is postmarked whether or not you intend to investigate the above violations.

Very truly yours,

**ERIC M. EPSTEIN**, A Professional Corporation

By:   
Eric M. Epstein

cc: Wal-Mart Stores, Inc. - via Certified Mail  
Wal-Mart Associates, Inc. - via Certified Mail  
John Yslas, Esq. }  
Mark Thierman, Esq. }  
Dayton Parcels, Esq. }  
Afrouz Nikmanesh } via email  
Elvis Atencio }  
Anna Nguyen }  
Effie Spentzos }